

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 720161</b>	
1. Entity Name <b>EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC.</b>	
Principal Place of Business <b>OF LAKE WORTH INC 1410 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460</b>	Mailing Address <b>OF LAKE WORTH INC 1410 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460</b>



03142007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0324326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GUINEY, DENNIS 1410 S. FEDERAL HWY SUITE 307 LAKE WORTH, FL 33460</b>
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:	Treasurer	DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUINEY, DENNIS 1410 S. FEDERAL HWY APT. 307 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHEULLER, JASON 1410 S. FEDERAL HWY APT. 202 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, JULEY 1410 S. FEDERAL HWY APT. 208 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STREETER, LESLIE 1410 S. FEDERAL HWY APT. 309 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, JANET 1410 S. FEDERAL HWY APT 109 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASIOROUSKI, JEAN 1410 S FEDERAL HWY, APT 305 LAKE WORTH, FL 33460

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05/10/07-80026-028 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:	Date:	Daytime Phone #:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		